



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 119879		2. Exact name of the limited liability company Compass Two, LLC			
3. State of Formation NORTH CAROLINA		4. Brief description of the character of the business which is actually conducted in Rhode Island FOOD SERVICES			
5. Principal office address To Tax Dept 2400 Yorkmond Road		City Charlotte	State NC	Zip 28217	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stacey L. Hodges			Contact Title Income Tax Compliance Mgr		
Street Address 2400 Yorkmond Road		City Charlotte	State NC	Zip 28217	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Compass Two LLC is a member managed LLC with Compass Group USA Inc. being the sole member.					
Street Address See attached for list of authorized officers			City Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



119879

File Date	10/28/05
Check No.	103414559
By:	[Signature]
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 10.25.05
Signature of Authorized Person Date
Richard J. Rossitto Asst. Secretary
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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100 North Main Street
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LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 119879		2. Exact name of the limited liability company Compass Two, LLC			
3. State of Formation NORTH CAROLINA		4. Brief description of the character of the business which is actually conducted in Rhode Island FOOD SERVICES			
5. Principal office address 40 Tax Dept; 2400 Yorkmont Road		City Charlotte	State NC	Zip 28217	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stacey L. Hodges			Contact Title Income Tax Compliance Mgr		
Street Address 2400 Yorkmont Road		City Charlotte	State NC	Zip 28217	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE					
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Compass Two LLC is a member managed LLC with Compass Group USA, Inc. being the sole member. See attached for list of authorized officers					
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET		City PROVIDENCE		Zip 02903-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



File Date	<u>9/24/04</u>
Check No.	<u>102868877</u>
By:	<u>DA</u>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

RJ y RS 9.21.04
Signature of Authorized Person Date
Richard J. Rossiter Ash Jenkins
Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2003

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No 119879		2. Exact name of the limited liability company Compass Two, LLC			
3. State of Formation NORTH CAROLINA		4. Brief description of the character of the business which is actually conducted in Rhode Island Food Services			
5. Principal office address 40 Tax Dept 2400 Yorkwood Rd		City Charlotte	State NC	Zip 28211	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Stacey L Hodges			Contact Title		
Street Address 40 Tax Dept ; 2400 Yorkwood Rd		City Charlotte	State NC	Zip 28211	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE					
FILE IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name Compass Two, LLC is a member managed LLC with			Compass Group USA, Inc. being the sole member.		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903-	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



* 1 1 9 8 7 9 *

File Date 9-25-03
 Check No. 102386870
 By: [Signature]
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 9/22/03
 Signature of Authorized Person Date
Richard J. Rossiter Asst. Secretary
 Print or Type Name of Authorized Person



LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2002

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 119879		2. Exact name of the limited liability company Compass Two, LLC			
3. State of Formation NORTH CAROLINA		4. Brief description of the character of the business which is actually conducted in Rhode Island Food services and vending			
5. Principal office address 2400 Yorkwood Road		City Charlotte	State NC	Zip 28217	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mark Gay			Contact Title Income Tax Manager		
Street Address 2400 Yorkwood Road		City Charlotte	State NC	Zip 28217	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT. R.I.G.L 7-16-12 (a) (2) / 7-16-52					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET			City PROVIDENCE	Zip 02903-	

* single member LLC : Compass Group USA, Inc.

This report must be signed in ink by an authorized person pursuant to 7-16-66.



* 1 1 9 8 7 9 *

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date 10.28.02
Check No. 101974171
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

[Signature] 10/24/02
Signature of Authorized Person Date
Richard J. Rossitch Asst. Secretary
Print or Type Name of Authorized Person